

## CONSENT & INTRO

# Survey of University of Michigan Faculty: Fall 2017

## Consent to Participate

Welcome to the University of Michigan Faculty Survey. This is the fourth in a series of surveys conducted by the UM ADVANCE Program to assess the climate for all faculty at UM Ann Arbor; the first survey was conducted in fall, 2001. This year our survey coincides with the University's Diversity, Equity & Inclusion (DEI) faculty survey; because both surveys focus on faculty experiences at UM, they have been combined into one survey that is being administered by the ADVANCE Program. DEI questions that are similar to ADVANCE's own questions are included in relevant sections of the survey. Remaining DEI questions appear at the end. The addition of the DEI items makes for a slightly longer instrument. We are, however, very mindful of your time, and every effort has been made to streamline the survey. Pilot testing suggests that it takes most people between 25 and 40 minutes to complete the survey.

We want to assure you that your answers and personal information will be kept confidential. Results from the survey will only be reported in the aggregate. Your name will not be attached to any data; a number will be used instead. Further, responses will not be part of any academic, medical, employment or disciplinary record.

De-identified data collected for the ADVANCE Program will remain with ADVANCE and will be retained for use in future analyses. De-identified data collected as part of the DEI effort will be sent to SoundRocket, a survey research firm located in Ann Arbor that is not affiliated with the University of Michigan, to ensure its confidentiality. Those data will also be retained for use in future analyses.

Participation in this survey is completely voluntary. You do not have to participate and – if you do choose to participate – you may skip any question you do not feel comfortable answering. You may exit the survey at any time.

The University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board has determined that this research is exempt from IRB oversight. If you have any questions about this survey, please contact the survey team at [advance-evaluation@umich.edu](mailto:advance-evaluation@umich.edu).

If you would like to talk to someone about any questions or concerns you might have relating to your experiences with campus climate, please contact the [Office for Institutional Equity \(OIE\)](#).

If you would like to discuss any concerns in a confidential setting, you may contact either the [Faculty and Staff Assistance Program \(FASAP\)](#) or the [UMHS Employee Assistance Program \(EAP\)](#).

By clicking "Next" below, you are consenting to participate in this research survey.

## Important Information -- Please Read Before Continuing

### Definitions -- Please Read

Throughout this survey, "faculty" refers to tenured and tenure-track, research-track, and clinical-track faculty.

Many of the questions ask about your "**primary department/unit**." If you have multiple appointments, please rate the department/unit that you consider to be your primary appointment. Normally this would be where you spend the most time (regardless of percentage of budgeted appointment). If you have balanced appointments in two departments/units, please simply choose one to rate for this survey.

If you have an administrative position and an instructional appointment in different units, please consider the instructional department/unit as you respond to survey questions.

### Device Recommendations

Due to the structure of some of the survey items, we recommend against completing this survey using a mobile phone. Instead, we recommend that you use a desktop computer, notebook computer, or large tablet. If you are currently using your phone, you can close the survey and start it again on another device using your survey link.

### Navigation

If you need to go back to a previous page in the survey, please click on the "Back" button at the bottom of the page. Please do not use the back button of your web browser.

## PROFESSIONAL EMPLOYMENT

PROFESSIONAL EMPLOYMENT

Please select the appropriate response options below to indicate when you obtained your highest academic degree, and your first UM appointment.

Year of highest degree

Year of first UM appointment

How would you classify the primary field of your UM appointment? (select only one)

- Social Science
- Science or Engineering (basic, natural, clinical & applied science)
- Arts/Humanities
- Other (please specify):

For the items below, please indicate your budgeted appointment for July 2017-June 2018 at UM, including the School or College in which you held the appointment, as well as the rank and fraction of time associated with that appointment.

The first listing should be what you consider to be your primary appointment.

NOTE: The 'instructional track' is the same as the 'tenure track.'

If you had multiple budgeted appointments, please list information for second, third, and fourth budgeted appointments, where applicable, as well. (Note: Fraction amounts should not equal more than 100%; and all ranks include adjunct appointments.)

	school/college	rank code (note that all ranks include adjunct appointments)	appointment fraction (e.g., 100%, 50%)
1st (only) budgeted appointment	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd budgeted appointment	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd budgeted appointment	<input type="text"/>	<input type="text"/>	<input type="text"/>
4th budgeted appointment	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you currently have one or more dry (unfunded) appointments?

- Yes
- No

In your previous response, you indicated that you are on either the clinical or research track. How would you characterize your appointment on this track:

- Being on this track was my preference
- I would have preferred an appointment on the tenure track
- I did not have a strong preference between the track I'm on and the tenure track
- Other

When you received your position on the clinical or research track, was your appointment part of a partner/spousal hire?

- Yes
- No

What best describes your plans for the future:

- I am satisfied with my position on my current track, and I plan to stay on this track
- I would be satisfied either staying on my current track or moving to the tenure track
- I would prefer to move to the tenure track
- Other

You indicated that you would prefer to move to the tenure track. How much confidence do you have that this will happen?

- |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| No confidence         | Low confidence        | Moderate confidence   | High confidence       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

You indicated that your primary appointment is on the tenure track (i.e., the instructional track). Please indicate when you started on the tenure track at UM.

#### CAREER SATISFACTION

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All things considered, how satisfied are you with your current position at UM?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 - Very dissatisfied | 2                     | 3                     | 4                     | 5 - Very satisfied    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How likely is it that you will stay at UM for your entire career?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 - Very unlikely     | 2                     | 3                     | 4                     | 5 - Very likely       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How much would you like to stay at UM for your entire career?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 - Not at all        | 2                     | 3                     | 4                     | 5 - Very much         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How often do you think about leaving UM?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 - Never             | 2                     | 3                     | 4                     | 5 - Often             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Have you ever had an outside offer while at UM?

- Yes
- No

Did an outside offer ever result in a change in your situation at UM?

Yes (please explain what changed e.g.: increase in salary, resources for recruiting students)

No (please explain why nothing changed)

**The questions below ask you about your primary department/unit.**

As a reminder, if you have multiple appointments, we ask that you rate the department/unit that you consider to be your primary appointment. Normally, this would be the department/unit in which you spend the most time. If you work in two departments/units to an equal degree, please simply focus on one for all department/unit-level questions in this survey.

**How satisfied are you with each of the following dimensions of your work life in your primary department/unit?**

	Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied	Not applicable
Opportunity to collaborate with other faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of social interaction with members of my department/unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of funding for my research or creative efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current salary in comparison to the salaries of my UM colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to attract students to work with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied	Not applicable
Types of courses I am assigned to teach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of being valued as a teacher by my students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of being valued as a mentor or advisor by my students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of being valued for my teaching by members of my department/unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of being valued for my research, scholarship, or creativity by members of my department/unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied	Not applicable
Level of intellectual stimulation in my day-to-day contacts with faculty colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of contributing to theoretical developments in my discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance between professional and personal life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>						

**Please indicate your level of agreement with each of the following items about your work experiences generally in your primary department/unit.**

	Strongly disagree	Tend to disagree	Neutral	Tend to agree	Strongly agree
I have significant autonomy in determining how I do my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have developed a lot as a person at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can decide on my own how to go about doing my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My impact on what happens in my department/unit is large.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I regularly bring work home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Tend to disagree	Neutral	Tend to agree	Strongly agree
I respond to work-related communications (e.g., emails, texts, and phone calls) during my personal time away from work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I work during my vacations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At work, I continue to learn more and more as time goes by.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have significant influence over what happens in my department/unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I allow work to interrupt me when I spend time with my family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly disagree	Tend to disagree	Neutral	Tend to agree	Strongly agree
I have considerable opportunity for independence and freedom in how I do my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a great deal of control over what happens in my department/unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find myself learning often at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**RESOURCES**

**RESOURCES**

The questions below ask you about your primary department/unit.

For the items below, please indicate your level of satisfaction with the current allocations of each of these items in your primary department/unit. If it is a resource you do not use, please indicate "not applicable".

**Satisfaction with work space:**

	Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied	Not applicable
Amount of space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lab equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Satisfaction with funding sources:**

	Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied	Not applicable
University	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
External: Federal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
External: Corporate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
External: Foundation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TEACHING**

**TEACHING**

Faculty on campus engage in teaching in a variety of ways. Some mainly provide one-on-one instruction, others offer classroom teaching through formal courses, and many do a mixture.

For each of the teaching categories below, please indicate whether that type of teaching represents none, some, most, or all of your teaching activities.

	None	Some	Most	All
One-on-one instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal seminar courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal lecture courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occasional lectures in large courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modeling correct professional behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe): <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many *formal courses*, in a lecture and/or seminar format, do you teach each academic year?

0	1	2	3	4 or more	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How satisfied are you with your teaching load?

Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In a given year, for how many graduate students do you serve as primary advisor?

In a given year, for how many undergraduate students do you serve as primary advisor?

During the PAST YEAR, did any student (undergraduate or graduate) exhibit any of the behaviors listed below toward you during class or in an interaction outside of class? Please check all that apply.

	During class	In a non-classroom interaction
Expressed doubt about your knowledge or expertise	<input type="checkbox"/>	<input type="checkbox"/>
Gave you hostile looks, stares, or sneers	<input type="checkbox"/>	<input type="checkbox"/>
Addressed you in unprofessional terms, either publicly or privately	<input type="checkbox"/>	<input type="checkbox"/>
Interrupted or "spoke over" you	<input type="checkbox"/>	<input type="checkbox"/>
Sent an email to you that was inappropriate in form or content	<input type="checkbox"/>	<input type="checkbox"/>
Yelled, shouted, or swore at you	<input type="checkbox"/>	<input type="checkbox"/>
	During class	In a non-classroom interaction
Made insulting or disrespectful remarks about you	<input type="checkbox"/>	<input type="checkbox"/>
Was visibly not paying attention	<input type="checkbox"/>	<input type="checkbox"/>
Ignored you or failed to speak to you (e.g., gave you "the silent treatment")	<input type="checkbox"/>	<input type="checkbox"/>
Accused you of incompetence	<input type="checkbox"/>	<input type="checkbox"/>

	During class	In a non-classroom interaction
Targeted you with angry outbursts of "temper tantrums"	<input type="checkbox"/>	<input type="checkbox"/>
Made jokes at your expense	<input type="checkbox"/>	<input type="checkbox"/>
	During class	In a non-classroom interaction
Challenged your credibility/knowledge	<input type="checkbox"/>	<input type="checkbox"/>
Made a sexual advance toward you	<input type="checkbox"/>	<input type="checkbox"/>
Engaged in other, unrelated activity (e.g., used phone, checked email, played games, listened to music)	<input type="checkbox"/>	<input type="checkbox"/>
Talked with other students	<input type="checkbox"/>	<input type="checkbox"/>
Arrived late and/or left early without explanation	<input type="checkbox"/>	<input type="checkbox"/>
Didn't attend class or scheduled office hours, without explanation	<input type="checkbox"/>	<input type="checkbox"/>

## MENTORING

### MENTORING

Please complete this section of the survey regardless of your academic rank.

Overall, how effective is your primary department/unit at mentoring its junior faculty?

1 - Very ineffective                      2                      3                      4                      5 - Very effective

                                                                                      

Do you have at least one mentor/career advisor?

- Yes
- No

Please indicate *how much* of the various kinds of support/advice you *currently* receive from your mentor(s) and/or career advisor(s) in each area listed:

	None	Some	A lot	Too much
Serves as a role model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotes my career through networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advises about preparation for advancement (e.g., promotion, leadership positions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advises about getting my work published	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advises about department/unit politics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	None	Some	A lot	Too much
Advises about obtaining the resources I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocates for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advises about balancing work and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): <input style="width: 150px; height: 15px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you serve as a mentor/career advisor to another faculty member(s)?

Yes

No

Please indicate *how much* of the various kinds of support/advice you *currently* provide as a mentor/career advisor in each area listed:

	None	Some	A lot	Too much
Serve as a role model for mentee(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote mentee's career through networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise mentee(s) about preparation for advancement (e.g., promotion, leadership positions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise mentee(s) about getting work published	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise mentee(s) about department/unit politics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	None	Some	A lot	Too much
Advise mentee(s) about obtaining the resources needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocate for mentee(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise mentee(s) about balancing work and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### PARTICIPATION/SERVICE

#### PARTICIPATION AND SERVICE

*In a typical year:*

How many department, college and/or university level committees do you serve on?

How many do you chair?

Have you ever been asked to serve as department chair, department section/area/program chair, or center/lab/institute/program director or administrator?

Yes

No

Have you served as department chair, department section/area/program chair, or center/lab/institute/program director or administrator?

Yes

No

How important to you is having a department/unit or college leadership position?

1 - Not at all important

2

3

4

5 - Very important

How willing are you to take on time-consuming service tasks (e.g., chairing an important committee)?





**DEPARTMENTAL CLIMATE**

**DEPARTMENTAL/UNIT CLIMATE**

The questions below ask you about your primary department/unit.

How satisfied or dissatisfied are you with the climate/environment that you have experienced within your department/unit over the past 12 months?

Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the next several questions, select one option between each set of adjectives that best represents how you would rate **your department/unit** based on **your direct experiences**:

Racist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-racist
Homogeneous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diverse
Ageist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-ageist
Sexist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-sexist
Unsupportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Supportive
Hostile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Friendly
Elitist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-elitist
Disrespectful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Respectful
Homophobic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-homophobic
Competitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cooperative
Individualistic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Collaborative
Contentious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Collegial
Unwelcoming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Welcoming

In your primary department/unit, how prevalent are instances of unwanted and uninvited sexual attention?

1 - Not at all prevalent	2	3	4	5 - Very prevalent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your level of agreement with each of the following statements concerning the atmosphere for women in your primary department/unit by selecting the appropriate response option:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Some faculty have a condescending attitude toward women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexist remarks are heard in the classroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is equal access for both men and women to lab/research space.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The environment promotes adequate collegial opportunities for women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men receive preferential treatment in the areas of recruitment and promotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Men are more likely than women to receive helpful career advice from colleagues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In meetings, people pay just as much attention when women speak as when men do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Men	Women	International	Racial/ethnic minorities	Sexual minorities	People with disabilities
Some faculty members expect less from these faculty than from others in my department/unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe/list the most positive or favorable aspects of your primary department/unit.

Please describe/list the most negative or unfavorable aspects of your primary department/unit.

**DISCRIMINATION**

The questions below ask you about your primary department/unit.

In general, over the past 12 months, have you felt discriminated against in your department/unit?

- Yes
- No

Over the past 12 months, how often have **YOU experienced discriminatory events** in your department/unit because of your:

	Never	1-2 times	3 or more times
Ability or disability status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Political orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity or gender expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marital status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Height or weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial or ethnic identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you believe that any of the religious discriminatory events you have experienced are related to your specific religion?

- Yes
- No

What religion were these events related to?

Have you experienced any discriminatory events regarding personal aspects that were not asked about in the previous questions?

- Yes  
 No

If yes, please describe any other discriminatory events you have experienced.

### INSTITUTIONAL/DEPARTMENTAL RELATIONSHIPS 1

#### INSTITUTIONAL/DEPARTMENTAL RELATIONSHIPS

The questions below ask you about your primary department/unit.

Please indicate your level of agreement with each of the following statements by selecting the appropriate response option. For those items that are not relevant to you, please select "Not Applicable."

	Strongly disagree	Tend to disagree	Neutral	Tend to agree	Strongly agree	Not applicable
My research interests are valued by my colleagues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel pressured to change my research agenda in order to fit in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel/felt pressured to change my research agenda to make tenure/be promoted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable asking questions about performance expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am/was reluctant to bring up issues that concern me for fear that it will/would affect my promotion/tenure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly disagree	Tend to disagree	Neutral	Tend to agree	Strongly agree	Not applicable
My colleagues expect me to represent "the point of view" of my gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My colleagues expect me to represent "the point of view" of my race/ethnicity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My colleagues solicit my opinions about their research ideas and problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My colleagues have lower expectations of me than of other faculty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I constantly feel under scrutiny by my colleagues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly disagree	Tend to disagree	Neutral	Tend to agree	Strongly agree	Not applicable



	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Not applicable
Support is provided fairly and equitably in my department/unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rewards for work performance are fairly and equitably distributed in my department/unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each item, please select the response option that best corresponds to how much influence you feel you have over the following matters in your primary department/unit:

	Really no influence	Minor influence	Some influence	Substantial influence	Tremendous influence	Not applicable
Curriculum decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Size of salary increases I receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining money for travel to professional meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Securing the facilities or equipment I need for my research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selecting new graduate students or residents/fellows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Really no influence	Minor influence	Some influence	Substantial influence	Tremendous influence	Not applicable
Selecting new faculty members to be hired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining who gets tenure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selecting the next unit head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affecting the overall unit climate/culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## DEI DEPT RELATIONSHIPS 2

The questions below ask you about your primary department/unit.

Considering your experiences over the past 12 months, please indicate your level of agreement with each of the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I feel valued as an individual in my department/unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I belong in my department/unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have considered leaving my department/unit because I felt isolated or unwelcomed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My department/unit has a strong commitment to diversity, equity, and inclusion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Considering your experiences over the past 12 months, please indicate your level of agreement with each of the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My department/unit is a place where I am able to perform up to my full potential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel others don't value my opinions in my department/unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am treated with respect in my department/unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have opportunities in my department/unit for professional success that are similar to those of my colleagues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Considering your experiences over the past 12 months, please indicate your level of agreement with each of the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My department/unit provides sufficient programs and resources to foster the success of a diverse faculty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My experience in my department/unit has had a positive influence on my professional growth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is too much emphasis put on diversity, equity, and inclusion in my department/unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have found one or more communities or groups where I feel I belong in my department/unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have to work harder than others to be valued equally in my department/unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 12 months in your department/unit, how often have you interacted in a **meaningful** way with people...

	Never	Seldom	Sometimes	Often	Very Often
...whose religious beliefs are different than your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...whose political opinions are different from your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...who are immigrants or from an immigrant family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...who are of a different nationality than your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...who are of a different race or ethnicity than your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Seldom	Sometimes	Often	Very Often
...whose gender is different than your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...whose sexual orientation is different than your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...who are from a different social class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...who have physical or other observable disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...who have learning, psychological, or other disabilities that are not readily apparent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CAMPUS CLIMATE 1

### CAMPUS CLIMATE

**PLEASE NOTE:** The following questions ask you to rate conditions on the overall UM campus in Ann Arbor.

*How often within the last five years at UM* have you overheard insensitive or disparaging comments about the following types of people in general, or about particular people as a member of that group, made by faculty, students, or staff? *[This does not refer to comments about an individual as an individual.]* Please select one for each row. Select "never" if not applicable.

**About women in general, or about particular women as "typical" of women...**

**How often have you overheard an insensitive or disparaging comment made by:**

	Never	1-2 times per year	Couple of times per semester	More than once a month	Weekly
Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





	Race/ethnicity	Gender	Sexual orientation	Physical disability	Religious affiliation	Other	Not applicable
Space/equipment, other resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduate student or resident/fellow assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Within the past 5 years, have you experienced any unwanted and uninvited sexual attention?**

- Yes
- No

**Did you make an official report of it to anyone?**

- Yes
- No

**Why not?**

**Within the past five years, how many individuals from UM have come to you concerned about behavior they experienced - that either you or they would define as unwanted and uninvited sexual attention?**

**Are you now, or in the past five years have you ever been, the officially designated person to whom people report incidences of unwanted sexual attention?**

- Yes
- No

**Have you received training on the harassment policies that exist at the University and/or within your department/unit?**

- Yes
- No
- Unsure

**How confident are you that you remember and understand the harassment policies that exist at the University and/or within your unit?**

- 1 - Not at all confident      2      3      4      5 - Very confident
-

**PLEASE NOTE:** The following questions ask you to rate conditions on the overall UM campus in Ann Arbor.

How satisfied or dissatisfied are you with the overall campus climate/environment that you have experienced at the University of Michigan within the past 12 months?

Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the next several questions, select one option between each set of adjectives that best represents how you would rate **U-M** based on **your direct experiences**:

Individualistic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Collaborative
Unwelcoming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Welcoming
Homophobic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-homophobic
Unsupportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Supportive
Competitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cooperative
Homogeneous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diverse
Elitist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-elitist
Sexist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-sexist
Racist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-racist
Disrespectful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Respectful
Contentious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Collegial
Hostile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Friendly
Ageist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-ageist

In the past 12 months, how often have you been concerned about your **physical** safety on campus or around your U-M workplace?

Never	Seldom	Sometimes	Often	Very Often
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 12 months, which of the following have you avoided at U-M due to fear for your **physical** safety? (Check all that apply.)

<input type="checkbox"/> Sporting events	<input type="checkbox"/> Parking lots or garages
<input type="checkbox"/> Parties or other social gatherings	<input type="checkbox"/> Neighborhoods or other areas surrounding campus
<input type="checkbox"/> Secluded areas on campus	<input type="checkbox"/> Off-campus housing
<input type="checkbox"/> Residence halls	<input type="checkbox"/> Walking around campus at night
<input type="checkbox"/> Campus buildings	<input type="checkbox"/> None
<input type="checkbox"/> Buses or bus stops	<input type="checkbox"/> Other ( <i>Please specify</i> ):
	<input type="text"/>

## DEMOGRAPHICS

### DEMOGRAPHICS AND FAMILY

What is your current sex?

- Female  
 Male

Preferred response not listed (please specify):

**Please Indicate the race or ethnic groups with which you identify. (Check all that apply.)**

- African American/Black
- Asian American/Asian
- Hispanic/Latino/a
- Middle Eastern/North African
- 

- Native American/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- White

Other (Please specify):

**Please indicate your ethnic group membership: (Please check all that apply.)**

- U.S. born African American
- Afro-Caribbean or West Indian
- Sub-Saharan African
- Other African American/Black

**Please indicate your ethnic group membership: (Please check all that apply.)**

- Asian American
- Asian Indian
- Chinese
- Filipino
- Japanese

- Korean
- Southeast Asian
- Taiwanese

Other Asian American/Asian (Please specify):

**Please indicate your ethnic group membership: (Please check all that apply.)**

- Cuban
- Central American
- Dominican
- Mexican

- Puerto Rican
- South American

Other Hispanic/Latina/o (Please specify):

**Please indicate your ethnic group membership: (Please check all that apply.)**

- Egyptian
- Iraqi
- Iranian
- Jordanian
- Lebanese

- Palestinian
- Syrian
- Yemeni

Other Middle Eastern/North African (Please specify):

**Please indicate your ethnic group membership: (Please check all that apply.)**

- Native Hawaiian

- Samoan
- Other Pacific Islander (Please specify):

Please indicate your tribal affiliation:

Of the following, please mark the one racial or ethnic group with which you **most** identify.

- African American/Black
  - Asian American/Asian
  - Hispanic/Latino/a
  - Middle Eastern/North African
  - Native American/Alaskan Native
  - Native Hawaiian/Other Pacific Islander
  - White
  - Other
- 

Do you *currently* have a spouse/partner?

- Yes
- No

What is your spouse's/partner's employment status?

- Full-time
- Part-time
- Not employed

Is your spouse/partner employed at UM?

- Yes
- No

If your spouse/partner is employed at UM, what type of appointment does he or she have? *Select all that apply.*

- Faculty member
  - Primary research appointment
  - Post-doctoral or fellowship
  - Administrative/professional staff
  - Technical
  - Librarian/curator
  - Office or support staff
  - Health field
  - Other (please specify):
- 

How satisfied is your spouse/partner with their current employment status?

- 1 - Very dissatisfied                      2                      3                      4                      5 - Very satisfied
- 

Have you ever sought help from UM in attempting to find appropriate employment for a spouse or partner?

- Yes

- No
- Not applicable

How satisfied were you with UM's help in locating appropriate opportunities for your spouse/partner?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 - Very dissatisfied | 2                     | 3                     | 4                     | 5 - Very satisfied    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Have you ever considered leaving UM to improve career opportunities for a spouse/partner?

- Yes
- No
- Not applicable

Are you currently caring for any children who live with you at least part of the time?

- Yes
- No

How would you describe, in general, the distribution of parenting responsibilities between you and another adult or spouse/partner?

- |  |                       |  |                       |  |
|--|-----------------------|--|-----------------------|--|
| 1 - I handle most of the parenting responsibilities. | 2                     | 3 - The parenting responsibilities are shared equally. | 4                     | 5 - My spouse/partner or another adult handles most of the parenting responsibilities. |
| <input type="radio"/>                                | <input type="radio"/> | <input type="radio"/>                                  | <input type="radio"/> | <input type="radio"/>  |

Do you have any children who do not live with you but who still require your financial support?

- Yes
- No

Are you responsible for taking care of another adult, including an adult family member?

- Yes
- No

Please indicate your level of responsibility:

- |   |                       |  |                       |   |
|---|-----------------------|--|-----------------------|---|
| 1 - I handle most of the responsibilities for taking care of another adult, including an adult family member. | 2                     | 3 - The responsibilities are shared equally. | 4                     | 5 - Another person handles most of the responsibilities for taking care of another adult, including an adult family member. |
| <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>                        | <input type="radio"/> | <input type="radio"/>   |

Please indicate if your professional life has been affected by any of the following in the past five years. Please select all that apply. If a specific life experience is not relevant to you, please select the "Not applicable" box at the bottom.

- |   |   |   |
|---|---|---|
| <p><input type="checkbox"/> <b>Having children</b> has affected my professional life in the following ways:</p> | <p><input type="checkbox"/> <b>Having ongoing care responsibilities for a person who is ill, disabled or aging</b> has affected my professional life in the following ways:</p> | <p><input type="checkbox"/> <b>My own health issues</b> have affected my professional life in the following ways:</p> |
|---|---|---|

	Having children has affected my professional life in the following ways:	Having ongoing care responsibilities for a person who is ill, disabled or aging has affected my professional life in the following ways:	My own health issues have affected my professional life in the following ways:
Professional travel curtailed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to work evenings and weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disruptions of work during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexpected time away from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities not taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside offers not pursued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you used infant care within the past 5 years, or are you planning to use infant care in the near future?

- Yes  
 No

How satisfied are you with the following?

	Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied	This does not apply to me
University-based options for infant care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based options for infant care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Options for backup infant care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you used childcare within the past 5 years, or are you planning to use childcare in the near future?

- Yes  
 No

How satisfied are you with the following?

	Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied	This does not apply to me
University-based options for childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based options for childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Options for backup childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you needed to use elder care in the past 5 years?

- Yes  
 No

How satisfied are you with options for elder care?

- 1-Very dissatisfied      2      3      4      5-Very satisfied
-

**DEI DEMOGRAPHIC ITEMS**

**ADDITIONAL DEMOGRAPHIC QUESTIONS**

**What is your current age (in years)?**

**What is your gender/gender identity?**

- Woman
- Man
- Transgender/Gender Non-Conforming
- Preferred response not listed (*Please specify*):

**Please indicate which of the following best describe you. (Check all that apply)**

- Transgender man
- Transgender woman
- Gender non-conforming
- Genderqueer
- Preferred response not listed (*Please specify*):

**What is your sexual orientation?**

- Heterosexual
- Bisexual
- Gay/Lesbian
- Queer
- Questioning
- Asexual
- Preferred response not listed (*Please specify*):

**Are you a citizen of the United States?**

- Yes
- No

**Were you born in the United States, Puerto Rico, a U.S. Island area, or born abroad of U.S. citizen parents?**

- Yes
- No

**In which country were you born?**

**Please indicate your generation status:**



**With what religious background, if any, do you most identify?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Agnostic                      | <input type="checkbox"/> Episcopalian      | <input type="checkbox"/> Presbyterian                     |
| <input type="checkbox"/> Atheist                       | <input type="checkbox"/> Hindu             | <input type="checkbox"/> Protestant: Non-Denominational   |
| <input type="checkbox"/> Bahá'í                        | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Quaker                           |
| <input type="checkbox"/> Baptist                       | <input type="checkbox"/> Jewish: Orthodox  | <input type="checkbox"/> Seventh Day Adventist            |
| <input type="checkbox"/> Buddhist                      | <input type="checkbox"/> Jewish: Other     | <input type="checkbox"/> Taoist                           |
| <input type="checkbox"/> Catholic                      | <input type="checkbox"/> LDS (Mormon)      | <input type="checkbox"/> Unitarian/Universalist           |
| <input type="checkbox"/> Church of Christ              | <input type="checkbox"/> Lutheran          | <input type="checkbox"/> UCC/Congregational               |
| <input type="checkbox"/> Christian: Non-Denominational | <input type="checkbox"/> Methodist         | <input type="checkbox"/> None                             |
| <input type="checkbox"/> Confucian                     | <input type="checkbox"/> Muslim            | <input type="checkbox"/> Other ( <i>Please specify</i> ): |
| <input type="checkbox"/> Eastern Orthodox              | <input type="checkbox"/> Pentecostal       | <input type="text"/>                                      |

**Do you have a disability?**

- Yes  
 No

**What type(s) of disability/disabilities do you have? (Check all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Acquired/Traumatic Brain Injury          | <input type="checkbox"/> Chronic Illness/Medical Condition                               |
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Mental Health/Psychological Condition                           |
| <input type="checkbox"/> Asperger's/Autism Spectrum               | <input type="checkbox"/> Physical/Mobility condition that affects walking                |
| <input type="checkbox"/> Blind/Low Vision                         | <input type="checkbox"/> Physical/Mobility condition that does <i>not</i> affect walking |
| <input type="checkbox"/> Deaf/Hard of Hearing                     | <input type="checkbox"/> Speech/Communication Condition                                  |
| <input type="checkbox"/> Cognitive or Learning Disability         | <input type="checkbox"/> Other ( <i>please specify</i> ):                                |
|   | <input type="text"/>   |

**Have you ever served in the U.S. Armed Forces, Military Reserves, or National Guard?**

I am currently serving

I am no longer serving

I have never served

**When it comes to politics, where would you place yourself on the scale below, arranged from Very liberal to Very conservative?**

- Very liberal  
 Liberal  
 Slightly liberal  
 Moderate/Middle of the road  
 Slightly conservative  
 Conservative  
 Very conservative  
 Not thought about it/Don't know

**DEI DEPT QUESTIONS**

**At the start of the survey you indicated that your primary unit was not represented on the supplied list of UM schools and colleges. Please indicate your primary UM affiliation here:**

Below you are asked to verify your department/area within your school or college.

(REMINDER: If you have multiple appointments, this will be the department/area you had in mind as you answered the survey questions above; people with multiple appointments were asked to focus on one department/area when responding to survey questions.)

**Earlier you indicated that your primary appointment is in  $\{q://QID247\%231/ChoiceGroup/SelectedAnswers/1\}$ . Is this correct?**

- Yes  
 No

**Please indicate your correct primary affiliation here:**

School or College

Department (if applicable)

Below you are asked to verify your department/area within your school or college.

(REMINDER: If you have multiple appointments, this will be the department/area you had in mind as you answered the survey questions above; people with multiple appointments were asked to focus on one department/area when responding to survey questions.)

**You indicated that your primary appointment is in the School of Business. Within Ross, what is your primary affiliation?**

Please choose one:

**Other affiliation**

Below you are asked to verify your department/area within your school or college.

(REMINDER: If you have multiple appointments, this will be the department/area you had in mind as you answered the survey questions above; people with multiple appointments were asked to focus on one department/area when responding to survey questions.)

**You indicated that your primary appointment is in the School of Dentistry. Within this School, what is your primary affiliation?**

Please choose one:

**Other affiliation**

Below you are asked to verify your department/area within your school or college.

(REMINDER: If you have multiple appointments, this will be the department/area you had in mind as you answered the survey questions above; people with multiple appointments were asked to focus on one department/area when responding to survey questions.)

**You indicated that your primary appointment is in the School of Education. Within this School, what is your primary affiliation?**

Please choose one:

**Other affiliation**

Below you are asked to verify your department/area within your school or college.

(REMINDER: If you have multiple appointments, this will be the department/area you had in mind as you answered the survey questions above; people with multiple appointments were asked to focus on one department/area when responding to survey questions.)

**You indicated that your primary appointment is in the College of Engineering. Within the College, what is your primary affiliation?**

Please choose one:

**Other affiliation:**

Below you are asked to verify your department/area within your school or college.

(REMINDER: If you have multiple appointments, this will be the department/area you had in mind as you answered the survey questions above; people with multiple appointments were asked to focus on one department/area when responding to survey questions.)

**You indicated that your primary appointment is in LSA. Within LSA, what is your primary affiliation?**

Please choose one:

**Other affiliation:**

Below you are asked to verify your department/area within your school or college.

(REMINDER: If you have multiple appointments, this will be the department/area you had in mind as you answered the survey questions above; people with multiple appointments were asked to focus on one department/area when responding to survey questions.)

**You indicated that your primary appointment is in the Medical School. Within the Medical School, what is your primary affiliation?**

Please choose one:

**Other affiliation**

Below you are asked to verify your department/area within your school or college.

(REMINDER: If you have multiple appointments, this will be the department/area you had in mind as you answered the survey questions above; people with multiple appointments were asked to focus on one department/area when responding to survey questions.)

**You indicated that your primary appointment is in SMTD. Within SMTD, what is your primary affiliation?**

Please select one:

**Other affiliation**

Below you are asked to verify your department/area within your school or college.

(REMINDER: If you have multiple appointments, this will be the department/area you had in mind as you answered the survey questions above; people with multiple appointments were asked to focus on one department/area when responding to survey questions.)

**You indicated that your primary appointment is in Nursing. Within Nursing, what is your primary affiliation?**

- Health Behavior and Biological Sciences
- Systems, Populations, and Leadership
- Undergraduate Studies Program
- Other (please specify below)

**Other affiliation**

Below you are asked to verify your department/area within your school or college.

(REMINDER: If you have multiple appointments, this will be the department/area you had in mind as you answered the survey questions above; people with multiple appointments were asked to focus on one department/area when responding to survey questions.)

**You indicated that your primary appointment is in the College of Pharmacy. Within this College, what is your primary affiliation?**

- Clinical Pharmacy
- Medicinal Chemistry
- Pharmaceutical Sciences
- Other (please specify below)

**Other affiliation**

Below you are asked to verify your department/area within your school or college.

(REMINDER: If you have multiple appointments, this will be the department/area you had in mind as you answered the survey questions above; people with multiple appointments were asked to focus on one department/area when responding to survey questions.)

**You indicated that your primary appointment is in the School of Public Health. Within this School, what is your primary affiliation?**

Please choose one:

**Other affiliation**

**OPEN-ENDED FINAL ITEM**

**Please share any other thoughts, comments, or suggestions that you may have about the topics covered in this survey.**

*Please do not include personally-identifying information in your response.*

**END**

**This is the end of the survey. Thank you for taking the time to participate!**

**Please do not click on the "Submit" button below until you have completed the survey. Once you click the "Submit" button on this page, you will no longer be able to access this survey.**

**If you need to return to a previous page, please use the "Back" button.**

**Thank you!**

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